

# EXHIBIT A



**State of California  
Secretary of State**

**LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION**

A \$70.00 filing fee must accompany this form.

**IMPORTANT – Read Instructions before completing this form.**

200625510210

FILED  
in the office of the Secretary of State  
of the State of California

SEP 08 2006

This Space For Filing Use Only

ENTITY NAME (End the name with the words "Limited Liability Company," "Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")

1. NAME OF LIMITED LIABILITY COMPANY

SILICON TEST SOLUTIONS, LLC

PURPOSE (The following statement is required by statute and may not be altered.)

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and item 3 must be completed (leave item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

Daniel E. Hanley

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE  
1091 Lincoln Avenue San Jose CA 95125

MANAGEMENT (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

- ONE MANAGER
- MORE THAN ONE MANAGER
- ALL LIMITED LIABILITY COMPANY MEMBER(S)

ADDITIONAL INFORMATION

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

EXECUTION

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF ORGANIZER

DATE

Daniel E. Hanley

TYPE OR PRINT NAME OF ORGANIZER

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

8. NAME [Daniel E. Hanley, Esq]  
FIRM Law Offices of Daniel E. Hanley  
ADDRESS 1091 Lincoln Avenue  
CITY/STATE/ZIP [San Jose, Ca 95125]



**State of California  
Secretary of State**

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**STATEMENT OF INFORMATION  
(Limited Liability Company)**

Filing Fee \$20.00. If amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

Silicon Test Solutions, LLC

**FILED**  
in the office of the Secretary of State  
of the State of California

OCT 30 2006

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DUE DATE: DEC - 8 2006

**FILE NUMBER AND STATE OR PLACE OF ORGANIZATION**

2. SECRETARY OF STATE FILE NUMBER <b>200625510210</b>	3. STATE OR PLACE OF ORGANIZATION <b>CA</b>
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**COMPLETE ADDRESSES FOR THE FOLLOWING** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE <b>1331 Sierra Ave.</b>	CITY AND STATE <b>San Jose CA</b>	ZIP CODE <b>95126</b>	
5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY) <b>1331 Sierra Ave.</b>	CITY <b>San Jose</b>	STATE <b>CA</b>	ZIP CODE <b>95126</b>

**NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY**

6. NAME <b>Romi Mayder</b>	ADDRESS <b>1331 Sierra Ave.</b>	CITY AND STATE <b>San Jose CA</b>	ZIP CODE <b>95126</b>
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NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED,  
PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach additional pages, if necessary.)

7. NAME <b>Romi Mayder</b>	ADDRESS <b>1331 Sierra Ave</b>	CITY AND STATE <b>San Jose CA</b>	ZIP CODE <b>95126</b>
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8. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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9. NAME	ADDRESS	CITY AND STATE	ZIP CODE
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**AGENT FOR SERVICE OF PROCESS** (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

11. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL <b>109 Lincoln Avenue</b>	CITY <b>San Jose</b>	STATE <b>CA</b>	ZIP CODE <b>95126</b>
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**TYPE OF BUSINESS**

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

**Semiconductor Device Testing**

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM <b>Romi Mayder</b>	SIGNATURE 	TITLE <b>C.E.O.</b>	DATE <b>10/4/06</b>
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**State of California  
Secretary of State**

**CERTIFICATE OF GOOD STANDING  
CALIFORNIA LIMITED LIABILITY COMPANY**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **8th day of September, 2006**, **SILICON TEST SOLUTIONS, LLC**, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 20, 2007.



**DEBRA BOWEN  
Secretary of State**